Restricted

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

W E E K L Y B U L L E T I N

For Period

25 May - 31 May

1947

Number 22

Restricted

SECTION I

Welfare Division

Public Assistance Report for April

The Ministry of Health and Welfare reports the following figures for April. Included for comparative purposes are figures for March 1947 and April 1946.

	April 1947	March 1947	April 1946
No. of Persons (not in institutions) assisted	2,650,272	2,773,603	
No. of Persons (in institutions) assisted	112,769	108,420	
Total No. assisted	2,763,041	2,882,023	2,685,723
Cash Grants	¥197,818,652	¥201,012,453	
Grants in Kind (cost)	36,642,044	51,951,732	
Total Grants	¥234,460,696	¥252,964,185	¥48,891,879

30 prefectures show a decrease in the number of persons assisted. Average grant per person ¥84.86 for April.

Social Work Training

The fifth of a series of training conferences for Japanese Welfare personnel was held in Saitama Prefecture from 27 May to 2 June 1947. Previous short training institutes of this kind have been held during the past six month in Shiga, Nagano, Chiba and Fukushima prefectures. These institutes are sponsored jointly by the Welfare Ministry and the Japan Social Work Association (Nippon Shakai Jigyo Kyokai). Persons attending the conferences are selected by the governor of the prefecture and include public officials, welfare workers (minsei-iin) and public health nurses. Plans are being developed for similar training institutes to be held in other parts of Japan in the future. The next institute is tentatively scheduled to be held in Kyushu in June or July if arrangements concerning housing, food and transportation can be worked out.

School Lunch Program (Elementary Schools)

The following information has been received from the Bureau of Physical Education, Ministry of Education covering above subject for the period 1 January 1947 to 1 April 1947.

1. Approximately 200 cities have inaugurated a school lunch program, serving school lunches not less than twice a week, although not all schools within these cities have a school lunch program due to lack of necessary facilities. Effort is being made to provide facilities so as to effect a school lunch program in those schools, within these cities, who have not been participating and the progress has been encouraging as reflected in the table below:

School Lunch Program (200 Cities)

	Jan.'47	Feb.'47	Mar.'47
Number of Schools Participating	92%	96%	97%

2. It is estimated, according to preliminary reports received as of 1 April 1947, that 3,548 schools (200 cities) have established a school lunch progrom with 3,270,436 children and teachers receiving the benefits of this supplemental feeding program.

3. The school lunch program in the villages has shown a continual increase. As of 1 April 1947, approximately 4,470 schools in village areas are participating with 2,216,182 children and teachers receiving the beneficial effects. Note: These schools have not received governmental or LARA aid (foodstuffs) although the government is to release salt at the rate of 2 grams a meal per head.

4. The scarcity of food has presented a problem in establishing a continuous school lunch program (1 lunch for each school day) however every attempt is being made to serve not less than 2 school lunches per school week and increasing the number of school lunches as conditions warrant. The following chart reflects school lunch serving progress for city and village schools.

School Lunches Served

Lunches per Week	Jan. 1947	Feb. 1947	Mar. 1947
2	61%	62%	69%
3-5	16%	20%	9%
6	23%	18%	22%

5. The actual expense of school lunches varies within different localities and from month to month but averages ¥1 in larger cities and 65 sen in smaller cities.

6. Supplies for the school lunch program are divided as follows:

a. LARA: Approximately 100 tons released to school lunch program and distributed in Tokyo-To, Kanagawa and Yokohama Prefectures.

b. Former Jap Army and Navy Stocks: 5,000 tons distributed to prefectures to inaugurate school lunch program.

c. Imported Canned Goods: 14,000 tons of canned goods (chiefly juices) are expected to be made available for period March 1947 to March 1948 as released by Memorandum (SCAPIN 22-A) dated 14 March 1947.

d. Fuel is necessary and it is comtemplated to distribute 16,850 bundles of firewood each month. Nine (9) prefectures will receive a proportionate share of 101 tons of coal each month. The fuel program is to begin 1 April 1947 after consultation and agreement with the Ministry of Agriculture and Forestry and the Ministry of Commerce and Industry.

e. Salt is being distributed, for seasoning purposes, at the rate of 2 grams a meal per head in the elementary schools in the 200 cities having school lunch program. The Monopoly Bureau is being requested to release sufficient salt for distribution, on the same basis to the elementary schools in those villages having a school lunch program.

f. The Ministry of Agriculture and Forestry have made available whale meat, acquired recently from Antartic Expedition, to the school lunch program sufficient for a 7 to 10 day supply on the basis of 30 grams per meal per head.

g. 4,000 tons of "miso" is to be released through the Ministry of Agriculture and Forestry and will be distributed in the 6 largest cities having a school lunch program.

h. Approximately 583,180 kan of powdered fish is to be distributed to schools in village areas having a school lunch program and necessary arrangements have been arranged with the Fishery Bureau, Ministry of Agriculture and Forestry.

i. Prefectural Governments, city authorities and school authorities are making a sincere effort, within the limit of circumstances, to secure and make available other items of foodstuffs to bolster the program.

7. A short course, sponsored by Ministry of Education and Prefectural Governments, was offered in each city to emphasize management of a school lunch program. The course covered; effect of a school lunch program, foodstuffs, fuel, equipment, menu preparation, cooking practice and school lunch measurement (nutritional accounting).

8. School lunches, within each school, are served the same and equally to each child. Children whose families are receiving relief assistance, shall receive their lunches (expense of same) over and above the regular relief (cash and kind) allowance to the family.

9. Measures have been taken to inspect all former Japanese Army and Navy canned beef allocated to the school lunch program to detect spoilage or contamination. The Director of the Bureau in charge of the school lunch program in each prefecture is charged with this responsibility by joint instructions from the Ministry of Education and the Ministry of Health and Welfare.

SECTION II

Veterinary Affairs

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported no new outbreaks of animal disease during the period 25-31 May 1947.

A physical examination was made 21 May 1947 on 50 head of horses being shipped to Korea from the Moji Animal Quarantine Station.

SECTION III

Supply

Distribution

The supply of laboratory animals continues to be critical. Production is increasing slowly, but it will be necessary to exercise closer supervision over distribution. The Welfare Ministry is making a study of requirements and will assign distribution priorities based on essential needs until such time as total production is sufficient to meet all requirements.

The Ministry of Health & Welfare has been advised there is no objection to the plans submitted covering distribution of surplus U. S. produced medical equipment and supplies purchased by the Japanese Government. The plan provides for handling through normal commercial channels with control of distribution at national and prefectural levels. The Welfare Ministry has designated a group of central wholesalers who will purchase the material and distribute to prefectures in accordance with instructions. At the prefectural level, distribution will be made on a ration basis in accordance with detailed plans to be prepared under direction of the prefectural governor.

The Welfare Ministry has submitted paper requirements to the Economic Stabilization Board for publication of medical textbooks, magazines and manuals. The paper sub-committee of the SCAP Requirements Committee has been advised of these requirements.

Additional shipments of pyrethrum emulsion have been made to the prefectures by the Welfare Ministry for use in the control of insect pests. A total of 6,841 fifty-gallon drums have been shipped, as of 27 May 1947. A breakdown of total shipments to date follows. Prefectures, the names of which are preceded by an asterisk (*), have received their allotted supply. (figures represent 50 gal.drums)

Hokkaido	100	Aichi	155
Aomori	77	Mie	105
*Iwate	87	Shiga	50
Miyagi	90	Kyoto	453
*Akita	50	Osaka	491
Yamagata	30	Hyogo	475
Fukushima	76	*Nara	15
*Ibaragi	77	*Tottori	55
Tochigi	25	*Shimane	15
*Gumma	163	Okayama	120

Saitama	174	Hiroshima	7
Chiba	213	*Yamaguchi	368
Tokyo	1142	*Tokushima	61
Kanazawa	283	*Kagawa	80
Niigata	80	*Ehime	182
Toyama	42	*Kochi	67
Ishikawa	80	Fukuoka	434
*Fukui	40	Saga	70
Yamanashi	20	Nagasaki	215
Nagano	46	Kumamoto	45
Gifu	80	*Oita	152
Shizuoka	175	Kagoshima	76

Production

Production of DDT Dusters and Spraying Equipment continued satisfactorily for the manufacturing period of 19 - 24 May. Actual production accomplished was as follows:

DDT Dusters	1,000
Sprayer, knapsack type, 3 gallon	350
Sprayer, Pump type, semi-automatic	200

Initial shipments of the dusters and sprayers were made during this reporting period. Shipments made were as follows:

DDT Dusters	1,967
Sprayer, knapsack type, 3 gallon	315

Information received from Japanese prefectural health officials indicate these officials may make plans to dispose of some quantities of their allocation of DDT dusters and spraying equipment for 1947 by sale to commercial organizations. This method of disposal will divert equipment being produced for public health programs in Japan. The percentage of breakdown in this equipment is high and new equipment will be needed constantly to replace broken parts, in order that the spraying program may continue uninterrupted. Close check should be maintained by Military Government personnel to assure usage of this equipment for public health programs.

The following releases of DDT products and typhus vaccine were approved by Welfare Ministry during period 26 - 31 May:

Prefecture	10% DDT Dust	5% DDT Spray	Typhus Vaccine
Hiroshima	3,616 lbs.		
Miyagi		10,000 gals.	
Aichi	101,000 lbs.	5 gals.	150 vials
Gifu	10,710 lbs.		
Nagasaki	5,500 lbs.	3,000 gals.	
Fukuoka	50,000 lbs.		250 vials
Hokkaido			51,200 vials
Ibaragi		5,000 gals.	
Aomori	20,000 lbs.	1,500 gals.	
Osaka		2,000 gals.	
Totals	190,826 lbs.	21,505 gals.	51,600 vials

Narcotics

Memorandum number (PHMJG-24), 28 May 1947, was issued to the Narcotic Section, Ministry of Welfare, stating there is no objection to the request for release of certain former Japanese military narcotics as submitted. Under the application for release, all codeine phosphate, codeine sulfate, and tincture of opium now held in former Japanese military narcotic stocks by SCAP-approved wholesalers, will be released to regular civilian channels of distribution under the new narcotic regulations. The release of these items is considered necessary because of reported shortages in wholesalers' stocks.

Information obtained from the Ministry of Welfare indicates that severe penalties are being assessed for narcotic violations in some prefectures, whereas in others the penalties are relatively light and in some cases the charges are being nolle prossed even in cases of willful violation. Close liaison is being maintained at the national level with the Ministry of Justice and the Ministry of Welfare in an effort to determine that any person who wilfully violates the narcotic laws is properly punished. Prior to the promulgation of the present narcotic regulation, people of influence were able to traffic in narcotics with never more than a small fine being assessed when apprehended. Such a procedure is considered highly detrimental to the narcotic control program and Military Government Teams should assure through proper instruction of and close liaison with Japanese officials that prefectural officials are properly educated to the prevailing worldwide opinion, namely that narcotic violators should be punished more for their crime against humanity than for the monetary value of the narcotics concerned. United Nations reports indicate that severe punishment for narcotic violators in Japan is viewed satisfactorily as a definite means of stamping out trafficking in narcotics.

SECTION IV

Preventive Medicine Division

Dysentery Control

Previous years' experience indicates the "dysentery season" is present. A review of 1946 emphasizes the urgency of the situation. Over 87,700 cases of dysentary were reported. The national rate started to rise slowly in April, May and June. In 1946, August was the seasonal high point with a rate of 415.2 per 100,000 per year. Rates for July-207.9, September-377.8, and October 259.9 were nearly as high. It was not until December that the reports indicated a return to the lower rates.

The various enteric diseases are largely transmitted by direct or indirect fecal contamination of food or water that is ingested. There are no vaccines for the dysenteries. The only preventive methods available are sanitary and personal hygiene procedures aimed at preventing ingestion of the etiologic organisms.

Basic procedures for the protection of food and water are well understood by Military Government Health Officers. What is known must be imparted to the Japanese at all levels i.e., individuals, communities, city governments, prefectures, etc. Equally as important as imparting the knowledge, is to sell the Japanese on the urgency of the situation. The sanitary situation, as it now exists, is not inevitable and need not be tolerated. They should realize that much can be accomplished with the facilities available. Coordination of the activities and responsibilities of each individual with their waste disposal services, water services, food handling services, and special programs must to be stressed.

As in other public health programs, the success of this "anti-dysentary" campaign will largely depend on the initiative, interest and resourcefulness of Military Government Health Officers in each prefecture.

Typhus Fever

Comparative Score: (Includes figures of 27 May 1947)

1946 - 28,057
1947 - 838

Typhus Vaccination Program in Hokkaido:

The typhus vaccination program in Hokkaido is now in operation in the ten largest cities and coal-mining areas of the prefecture. The work should be completed by 1 June 1947. A booster dose of 1cc will be administered in late October.

Fleas and Typhus

In several instances recently, cases of typhus have been reported following rat control programs conducted in various cities in Japan. The occurrence of such

cases indicates that no especial precautions were taken to prevent the fleas, normally found in rats, from migrating and attacking human beings.

Before undertaking a rat control program, particularly if such a program is to be done in the buildings on poor farms, in orphanages, theaters, etc., the proper procedure is to thoroughly apply 5% DDT residual effect spray or 10% DDT dust in and around rat harborages, along rat runways, inside burrows and around burrow entrances. This procedure will kill many wandering fleas as well as a great number of the rats themselves. After the DDT has been spread, proceed with the rat control program. As the rats die, fleas will leave the dead rats, come in contact with the DDT powder and be killed before they can do any harm.

Fleas are notably long-lived even without food and, if allowed to live, will continue to harbor and spread the rickettsiae of typhus to humans and to new rat hosts.

Tuberculosis Control

In the approved plan for the control of tuberculosis in Japan, it is planned to establish a Tuberculosis Care Committee in every city, town and village. The first problem of this committee is health education. It is by diffusion of this knowledge concerning the basic principles of tuberculosis control, both generally and specifically within the home, that this education is to be acquired.

The second function of this committee is to assist patients to enter the sanitoria, and when there must be delay in their entrance, to assist the patient and family to so plan their living conditions that they can occupy the same quarters under safe conditions, and the patient himself will be trained in protecting his associates from his infection.

The third function of this committee will be to assist the family in maintenance of their home during the patient's period of hospitalization and to assist both patient and family in making the necessary adjustments within the home upon his return from the hospital. They will also encourage him in maintaining the necessary follow-up examinations to remain in good health.

The fourth function will be assisting the patient to find an occupation of such type that he can support his family without danger of recurrence of his infection.

These phases of tuberculosis are governed in the United States by the medical social service departments of the hospitals. However, there are no such services or trained workers in this field in Japan and it is necessary that the committee assume these responsibilities. This is an entirely new conception for the Japanese because the basic responsibility for individuals began and ended with the family group. The Japanese need to be helped to realize that tuberculosis extends its activity far beyond that group and includes the entire community. To control the spread of this infection requires the cooperation of all the family groups within that community.

Consequently, from the standpoint of preventive medicine as well as education, this is a very important committee.

A second step in the plan for tuberculosis control which is new, is the formation of a Women's Anti-Tuberculosis Committee. This is a very sound idea because illness is so definitely a problem affecting the home, which is the main field of women's activity. It is through these women's committees, both on the levels of central and local governments, that diffusion of knowledge of tuberculosis control can do its most effective work.

It is these women's committees who, working with the tuberculosis care committee, can help each community to realize the importance of maintaining medical supervision of their families and to realize the pressing necessity of immediate and adequate treatment of all early cases.

It is through these committees working within the home that basic principles which prevent the spread of infection can be infused. Such basic principles, as training the children and adults to cover their mouths and noses when coughing and

sneezing must be taught. Promiscuous spitting is widespread throughout Japan and approved methods of disposal of sputus, such as its collection in tissue and the placing of such infective tissues in paper bags and then burning, is certainly a portion of home training. If a sputus cup is required, it should be a covered cup similar to a tea cup. The cup with its infected contents should be dropped in a 5% Lysol solution, permitting the cup to remain there for 1/2 hour, and then it should be washed in very hot water and soap. It is the care of dishes and eating utensils from which a tuberculosis patient has eaten that will prevent spread within the home. These should be washed with hot water and soap separately from those used by the family and the use of the common cup, the common food bowl and the common chop sticks should be discouraged. It is through the interest of the women's committees that the necessity for individual towels, wash cloths, tooth brushes and toilet articles and keeping them separate from those of the rest of the family can be taught. The fact that hands should be washed always before eating and after coughing or sneezing would help to reduce the spread of infection from the respiratory to the alimentary tract.

It is based upon the ingenuity of the woman within the home that close intimate contact between the infected individual and others not infected can be prevented, plus not sharing a common bed and bedding. These are steps which they will understand. Realizing that young children and adolescents need especially to be protected from contact with members of the family with open tuberculosis, it is women working in the home who can assist much in this particular field.

It is these simple principles which the Japanese people need as a basis from which to work in the establishment of control of tuberculosis. They are practical starting points based upon "dos and don'ts" and these simple principles can be used by the Military Government medical officers for discussion groups among the women's organizations in the various prefectures.

"Ekiri" Commission

Plans are being made to receive the "Ekiri"Commission from the United States. The Commission is composed of: Dr. Katherine Dodd, who will carry out the clinical and epidemiological studies, Dr. John Buddingh, who will do the bacteriological, virological and pathological work and Dr. Samuel Rapoport, who will carry out the biochemical studies. Offices and laboratories will be located in the newly dedicated National Institute of Health in Tokyo. The Commission will work with the Japanese for approximately three months. Details of the project are not yet available, but will be published at a later date.

Venereal Disease Control

Report cards should now be in the hands of all prefectural health departments. These cards are to be distributed to all public and private facilities doing V. D. work. A card should be filled out on every patient on whom a diagnosis of venereal disease is made. Cards should be forwarded to the prefectural V. D. Commanding Officer. Prefectures not having sufficient cards can request them from the Welfare Ministry.

Prefectural V. D. control facilites are more advanced in some prefectures than in others. As a visual demonstration of physical setup of clinics, conduct of clinics, and how histories, physical examinations and contact tracing are done, Military Government Health Officers should encourage their prefectural V. D. officials to visit other prefectural V. D. facilities.

SECTION V

Social Security Division

Social Insurance

The Social Insurance Bureau, Ministry of Welfare, has rescinded the decision made in December 1946 to postpone indefinitely the formulation of an unemployment compensation or assistance program and will formulate draft legislation based on the recommendations of SCAP and the Committee for Investigation of Social Insuranc

The Ministry of Welfare will draft legislation and administrative plans for consideration by the New Cabinet. The responsibility for preparing such material has been delegated to the Miscellaneous Affairs Section of the Insurance Bureau.

Health Insurance

Representatives of the Social Security Division, PH&W, SCAP, attended the All-Japan Federation of the Health Insurance Associations convention on 30 May at Nara. Eight hundred delegates were present, representing more than 500 organizations. The convention was held to celebrate the twentieth anniversary of the date the Health Insurance law went into effect and the tenth anniversary of the establishment of the Federation. The Health Insurance law provides for the organization of a health insurance association in any establishment employing three hundred or more workers. These associations carry out the Health Insurance law, by collecting premiums or contributions from the employees (which must be at least matched by the employer) and providing the benefits required by the act for cases of disability. The benefits include medical care, cash payments for temporary disability, maternity, nursing, and funeral allowances. About 500 associations covering approximately 2,000,000 employees have been formed.

Representatives from PH&W, SCAP, in addressing the convention, emphasized the need to reform the Health Insurance program in terms of changed economic conditions the close relationship of the social insurance programs to the attainment of economic stability, the need to improve services available under the health insurance program and of securing greater employee understanding and participation in the program. Also the need for equalizing the premium payments and making more uniform insurance benefits through a mobilization of all social insurance resources.

SECTION VI

Medical Service

Japanese Civilian Hospital Strength Report for the period ending 11 April 1947 shows 3,173 hospitals with a capacity of 220,952 beds, 107,218 of which were occupied. During this same period 336,660 out-patients were treated.

SECTION VII

Consultants

Nutrition

A committee has been formed by the Ministries of Health and Welfare, Agriculture and the Ration Board to study methods of utilizing imported foods, particularly corn, dried peas, soy flour and milo, in Japanese cooking. The committee of nutritionists will report weekly to the head of the Ration Board.

Plans are being fostered to send the Japanese nutritionists in prefectures to various coal mines to demonstrate the use of imported food.

An official announcement was made of the formation of the National Food and Nutrition Council under the Prime Minister. The regulations governing the Organization of the Council was also published in the Official Gazette.

SECTION VIII

MEMORANDA TO JAPANESE GOVERNMENT

PHMJG-22 20 May 1947 Publication of Results of Nutrition Surveys of Civilian Population for November 1946.

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PHMJG-23 23 May 1947 Surplus U. S. Government Property to be Purchased by the Japanese Government.

Crawford F. Sams

CRAWFORD F. SAMS,
Colonel, Medical Corps,
Chief, Public Health and Welfare Section

1 Incl: Weekly Summary Report of Cases and Deaths from Communicable Disease in Japan, week ending 24 May 1947 w/digest.

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Digest of Weekly Summary Report of Communicable Diseases for the Week Ending 24 May 1947.

Measles cases (9,764), tuberculosis (9,294), pneumonia (6,594), whooping cough (5,583), diphtheria (659), typhoid fever (294), influenza (259), malaria (251), and dysentery (234) accounted for 99 percent of the total number of communicable disease cases (33,234) reported for the current week ending 24 May 1947. The number of deaths from measles, whooping cough, pneumonia, tuberculosis and influenza were not available for the week ending 24 May. The remaining 12 reportable communicable diseases accounted for 146 deaths. Diphtheria deaths (50), dysentery (38), epidemic meningitis (29) and typhoid fever (22) accounted for 95 percent of the total (146).

There was a decrease in the incidence of diphtheria for the second consecutive week, from 679 in the previous week to 659 in the current week. Deaths decreased from 56 to 50. The current and cumulative case rates per 100,000 population were 47.0 and 49.2 respectively. Corresponding death rates were 3.6 and 4.7.

Dysentery cases continued to increase. The number (234) reported for the current week was 18 percent higher than the number (198) reported in the preceding week. Deaths (38) were the same as the number reported in the previous week. Both cases and deaths were lower than in corresponding weeks of 1946. The current and cumulative case rates were 16.7 and 6.5 respectively. Corresponding death rates were 2.7 and 1.3.

Typhoid fever cases (294) decreased approximately 18 percent from 359 in the preceding week. Deaths decreased from 36 to 22. The current and cumulative case rates were 21.0 and 15.3 respectively. Corresponding death rates were 1.6 and 1.9.

Paratyphoid fever continued its irregular course, showing a decrease of approximately 7 percent from 84 cases in the preceding week to 78 currently. There were 5 deaths in the current week compared with 2 previously. The current and cumulative case rates were 5.6 and 3.8 respectively. Corresponding death rates were 0.4 and 0.2.

There were only 6 cases of smallpox reported compared with 23 cases in the preceding week. One death was reported. No cases or deaths were reported in Fukuoka Prefecture this week. The current and cumulative case rates were 0.4 and 1.0 respectively. Both current and cumulative death rates were 0.1.

Typhus fever cases (28) were slightly more than in the previous week (23). Only one death was reported. The current and cumulative case rates were 2.0 and 2.5 respectively. Corresponding death rates were 0.1 and 0.2.

There was an increase of approximately 5 percent in the incidence of malaria from 238 cases in the preceding week to 251 cases currently. There were no deaths reported. The current and cumulative case rates were 17.9 and 12.8 respectively. The cumulative death rate was 0.04.

Scarlet fever cases declined nearly 25 percent from 124 to 94 in the current week. The current and cumulative case rates were 6.7 and 3.8 respectively. No deaths were reported. The cumulative death rate was 0.1.

Epidemic meningitis cases (96) decreased nearly 25 percent from 127 in the preceding week. Deaths decreased approximately 40 percent from 49 previously to 29 in the current week. The current and cumulative case rates were 6.8 and 7.2 respectively. Corresponding death rates were both 2.1.

There continued to be no Japanese B. Encephalitis, cholera or plague.

The current and cumulative number of cases reported for chancroid were 847 and 16,844 respectively; for gonorrhea, 4,505 and 77,929; for syphilis, 3,598 and 53,311.

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending 24 May 1947	Week Ending 25 May 1946	Four Weeks Ending 24 May 1947	Four Weeks Ending 25 May 1946	Cumulative Number for first 21 weeks 1947	Cumulative Number for first 21 weeks 1946
Cases						
Diphtheria	659	755	2554	3320	14477	23386
Dysentery	234	310	733	1033	1900	2087
Typhoid	294	797	1036	3156	4514	16525
Paratyphoid	78	171	250	620	1133	2381
Smallpox	6	264	63	1746	307	16435
Typhus Fever	28	822	85	5298	723	26527
Malaria	251	NA	831	NA	3756	NA
Cholera	0	0	0	2	0	4
Scarlet Fever	94	38	325	184	1119	809
Epidemic Meningitis	96	43	418	162	2108	734
Jap. B. Encephalitis	0	NA	0	NA	1	NA
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	50	54	199	207	1375	2226
Dysentery	38	43	127	148	379	491
Typhoid	22	107	110	403	573	2244
Paratyphoid	5	7	14	42	67	136
Smallpox	1	99	2	485	31	2411
Typhus Fever	1	170	11	587	62	2239
Malaria	0	NA	3	NA	13	NA
Cholera	0	0	0	0	0	0
Scarlet Fever	0	2	4	9	25	68
Epidemic Meningitis	29	24	163	47	629	188
Jap. B. Encephalitis	0	NA	0	NA	2	NA
Plague	0	0	0	0	0	0

NA: Not Available

CASE AND DEATH RATES OF COMMUNICABLE DISEASES FOR COMPARABLE PERIODS, 1946 AND 1947

Diseases	Week Ending 24 May 1947	Week Ending 25 May 1946	Four Weeks Ending 24 May 1947	Four Weeks Ending 25 May 1946	Cumulative Number for first 21 weeks 1947	Cumulative Number for first 21 weeks 1946
Case Rate						
Diphtheria	47.0	53.8	45.5	59.2	49.2	79.4
Dysentery	16.7	22.1	13.1	18.4	6.5	7.1
Typhoid	21.0	56.8	18.5	56.3	15.3	56.1
Paratyphoid	5.6	12.2	4.5	11.1	3.8	8.1
Smallpox	0.4	18.8	1.1	31.1	1.0	55.8
Typhus Fever	2.0	58.6	1.5	94.5	2.5	90.1
Malaria	17.9	NA	14.8	NA	12.8	NA
Cholera	0.0	0.0	0.0	0.04	0.0	0.01
Scarlet Fever	6.7	2.7	5.8	3.3	3.8	2.7
Epidemic Meningitis	6.8	3.1	7.5	2.9	7.2	2.5
Jap. B. Encephalitis	0.0	NA	0.0	NA	0.003	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates						
Diphtheria	3.6	3.9	3.5	3.7	4.7	7.6
Dysentery	2.7	3.1	2.3	2.6	1.3	1.7
Typhoid	1.6	7.6	2.0	7.2	1.9	7.6
Paratyphoid	0.4	0.5	0.2	0.7	0.2	0.5
Smallpox	0.1	7.1	0.04	8.6	0.1	8.2
Typhus Fever	0.1	12.1	0.2	10.5	0.2	7.6
Malaria	0.0	NA	0.1	NA	0.04	NA
Cholera	0.0	0.0	0.0	0.0	0.0	0.0
Scarlet Fever	0.0	0.1	0.1	0.2	0.1	0.2
Epidemic Meningitis	2.1	1.7	2.9	0.8	2.1	0.6
Jap. B. Encephalitis	0.0	NA	0.0	NA	0.01	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available

Rates per 100,000 per annum

SUMMARY REPORT OF CASES AND DEATHS FROM COMMUNICABLE DISEASES IN JAPAN
WEEK ENDING 24 MAY 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	48	3	1311	165	15	1	128	23
AOMORI	7	-	187	21	2	-	18	5
IWATE	11	1	195	21	3	1	37	3
MIYAGI	19	-	231	10	2	-	23	2
AKITA	10	2	243	22	7	2	23	4
YAMAGATA	8	1	363	26	8	1	73	11
FUKUSHIMA	7	-	228	6	7	1	72	10
IBARAKI	10	1	269	27	7	3	67	21
TOCHIGI	26	1	317	26	7	1	50	15
GUNMA	6	1	159	34	4	1	46	7
SAITAMA	22	-	323	35	14	3	51	14
CHIBA	6	-	269	21	4	1	44	9
TOKYO	65	4	977	166	27	3	232	55
KANAGAWA	7	-	309	23	14	1	62	14
NIIGATA	30	2	275	25	3	1	65	8
TOYAMA	8	-	127	9	-	-	10	2
ISHIKAWA	19	3	276	10	-	-	9	1
FUKUI	8	-	122	5	3	-	13	4
YAMANASHI	2	-	51	2	6	-	16	1
NAGANO	23	3	344	28	6	2	33	6
GIFU	4	1	97	15	-	-	15	5
SHIZUOKA	12	2	292	37	6	1	41	10
AICHI	34	2	835	50	5	-	67	9
MIE	13	3	352	17	2	-	10	4
SHIGA	1	-	99	8	-	-	11	2
KYOTO	18	-	291	30	10	-	172	8
OSAKA	7	-	251	35	10	-	71	15
HYOGO	13	1	469	38	6	2	41	12
NARA	6	1	90	6	1	1	4	2
WAKAYAMA	13	-	121	5	-	-	5	2
TOTTORI	2	-	89	9	1	-	7	4
SHIMANE	11	-	218	13	-	-	11	4
OKAYAMA	9	2	208	21	4	2	22	5
HIROSHIMA	5	-	256	24	3	-	36	9
YAMAGUCHI	20	4	349	35	3	-	27	9
TOKUSHIMA	9	3	140	7	3	1	9	2
KAGAWA	4	-	124	9	3	2	34	9
EHIME	21	1	486	57	3	-	28	6
KOCHI	9	1	165	14	5	1	25	10
FUKUOKA	43	1	1005	71	4	2	47	8
SAGA	10	-	466	41	1	-	18	3
NAGASAKI	17	2	330	38	1	1	23	9
KUMAMOTO	6	2	98	16	2	1	11	5
OITA	7	-	422	28	2	-	10	2
MIYAZAKI	10	1	314	22	16	1	69	5
KAGOSHIMA	13	1	334	47	4	1	14	5
TOTAL	659	50	14477	1375	234	38	1900	379
RATE								
Current	47.0	3.6	49.2	4.7	16.7	2.7	6.5	1.3
Previous	48.4	4.0			14.1	2.7		

Rates per 100,000 per annum

PREFECTURE	TYPHOID				PARATYPHOID			
	Current Cases	Current Deaths	Cumulative Cases	Cumulative Deaths	Current Cases	Current Deaths	Cumulative Cases	Cumulative Deaths
HOKKAIDO	8	1	203	41	-	-	30	5
AOMORI	2	1	45	13	1	-	6	-
IWATE	2	-	49	9	1	-	9	-
MIYAGI	10	-	125	12	7	-	49	4
AKITA	4	1	33	3	-	-	5	1
YAMAGATA	2	2	95	27	4	-	26	1
FUKUSHIMA	5	1	146	12	2	1	21	4
IBARAKI	1	-	122	17	2	1	43	5
TOCHIGI	7	2	97	18	-	-	16	2
GUNMA	6	-	58	10	1	-	20	1
SAITAMA	8	2	133	13	1	-	14	4
CHIBA	8	-	123	9	2	-	35	1
TOKYO	36	2	364	44	19	-	158	7
KANAGAWA	18	1	221	28	-	-	30	2
NIIGATA	9	1	95	20	-	-	27	1
TOYAMA	8	1	87	12	4	-	17	-
ISHIKAWA	4	-	22	3	1	-	8	-
FUKUI	1	-	37	3	-	-	9	-
YAMANASHI	2	-	23	-	1	-	8	-
NAGANO	7	-	87	12	7	2	44	5
GIFU	2	1	110	13	5	-	33	1
SHIZUOKA	18	-	178	11	3	-	42	1
AICHI	14	-	200	17	1	-	44	1
MIE	17	2	263	14	-	-	31	3
SHIGA	2	-	27	4	-	-	4	-
KYOTO	4	-	103	16	2	-	22	2
OSAKA	11	-	107	15	-	-	160	3
HYOGO	8	1	164	32	-	-	12	1
NARA	3	-	35	6	-	-	4	-
WAKAYAMA	7	-	70	7	2	-	3	-
TOTTORI	2	-	50	4	1	-	8	-
SHIMANE	7	-	90	15	2	1	26	1
OKAYAMA	3	-	101	13	-	-	5	-
HIROSHIMA	15	-	209	19	4	-	44	3
YAMAGUCHI	3	-	50	6	-	-	10	-
TOKUSHIMA	4	-	65	10	-	-	6	2
KAGAWA	5	-	57	13	1	-	16	-
EHIME	5	1	47	8	-	-	3	-
KOCHI	8	-	132	17	-	-	13	-
FUKUOKA	4	2	136	12	-	-	28	2
SAGA	-	-	30	1	-	-	9	1
NAGASAKI	1	-	20	-	-	-	8	1
KUMAMOTO	1	-	31	2	1	-	8	-
OITA	-	-	15	-	3	-	5	-
MIYAZAKI	2	-	47	7	-	-	13	2
KAGOSHIMA	-	-	12	5	-	-	1	-
TOTAL	294	22	4514	573	78	5	1133	67
RATE								
Current	21.0	1.6	15.3	1.9	5.6	0.4	3.8	0.2
Previous	25.6	2.6			6.0	0.1		

Rates per 100,000 per annum

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	26	4	5	-	42	6
AOMORI	-	-	-	-	1	-	2	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	10	1
AKITA	-	-	10	1	-	-	-	-
YAMAGATA	-	-	8	3	5	1	5	1
FUKUSHIMA	-	-	1	-	-	-	2	-
IBARAKI	-	-	21	1	-	-	31	3
TOCHIGI	-	-	23	2	-	-	6	2
GUNMA	-	-	3		-	-	3	3
SAITAMA	-	-	3	1	-	-	20	2
CHIBA	-	-	13	2	2	-	21	1
TOKYO	-	-	18	5	-	-	176	26
KANAGAWA	1	-	4	-	1	-	29	2
NIIGATA	-	-	2	-	-	-	11	1
TOYAMA	-	-	1	-	-	-	7	-
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	5	3
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	1	-	-	-	9	1
GIFU	-	-	-	-	1	-	25	-
SHIZUOKA	-	-	3	-	4	-	28	-
AICHI	-	-	7	-	3	-	135	2
MIE	-	-	3	-	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	6	-
OSAKA	-	-	10	2	3	-	36	-
HYOGO	1	-	27	3	-	-	1	1
NARA	-	-	-	-	-	-	2	-
WAKAYAMA	-	-	9	-	-	-	15	1
TOTTORI	-	-	1	-	-	-	4	-
SHIMANE	-	-	5	-	-	-	5	-
OKAYAMA	-	-	10	-	-	-	2	-
HIROSHIMA	-	-	3	1	-	-	1	-
YAMAGUCHI	-	-	5	-	2	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	3	-	1	-	23	4
EHIME	2	1	11	2	-	-	1	-
KOCHI	-	-	1	-	-	-	1	-
FUKUOKA	-	-	39	1	-	-	3	-
SAGA	2	-	7	1	-	-	-	-
NAGASAKI	-	-	2	-	-	-	7	-
KUMAMOTO	-	-	2	-	-	-	2	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	6	1	307	31	28	1	723	62
RATE								
Current	0.4	0.1	1.0	0.1	2.0	0.1	2.5	0.2
Previous	1.6	0.0			1.6	0.6		

Rates per 100,000 per annum

Weekly Report - 24 May 1947
Continued

PREFECTURE	MALARIA				CHOLERA			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	-	60	-	-	-	-	-
AOMORI	1	-	43	-	-	-	-	-
IWATE	11	-	86	-	-	-	-	-
MIYAGI	-	-	9	-	-	-	-	-
AKITA	-	-	68	-	-	-	-	-
YAMAGATA	-	-	15	-	-	-	-	-
FUKUSHIMA	3	-	72	-	-	-	-	-
IBARAKI	6	-	192	-	-	-	-	-
TOCHIGI	11	-	34	-	-	-	-	-
GUMMA	2	-	4	-	-	-	-	-
SAITAMA	7	-	12	-	-	-	-	-
SHIBA	2	-	46	-	-	-	-	-
TOKYO	12	-	230	-	-	-	-	-
KANAGAWA	5	-	137	-	-	-	-	-
NIIGATA	4	-	60	1	-	-	-	-
TOYAMA	1	-	24	-	-	-	-	-
ISHIKAWA	2	-	6	-	-	-	-	-
FUKUI	-	-	13	-	-	-	-	-
YAMANASHI	-	-	15	-	-	-	-	-
NAGANO	8	-	88	-	-	-	-	-
GIFU	-	-	3	-	-	-	-	-
SHIZUOKA	2	-	53	-	-	-	-	-
AICHI	5	-	129	-	-	-	-	-
MIE	7	-	101	-	-	-	-	-
SHIGA	27	-	188	-	-	-	-	-
KYOTO	-	-	65	-	-	-	-	-
OSAKA	-	-	12	-	-	-	-	-
HYOGO	4	-	135	-	-	-	-	-
NARA	1	-	31	-	-	-	-	-
WAKAYAMA	1	-	35	-	-	-	-	-
TOTTORI	4	-	69	-	-	-	-	-
SHIMANE	1	-	23	-	-	-	-	-
OKAYAMA	3	-	32	-	-	-	-	-
HIROSHIMA	14	-	140	-	-	-	-	-
YAMAGUCHI	24	-	120	-	-	-	-	-
TOKUSHIMA	6	-	100	-	-	-	-	-
KAGAWA	3	-	80	-	-	-	-	-
EHIME	10	-	164	1	-	-	-	-
KOCHI	1	-	42	-	-	-	-	-
FUKUOKA	20	-	415	4	-	-	-	-
SAGA	7	-	192	3	-	-	-	-
NAGASAKI	5	-	53	-	-	-	-	-
KUMAMOTO	11	-	89	-	-	-	-	-
OITA	10	-	156	3	-	-	-	-
MIYAZAKI	2	-	63	1	-	-	-	-
KAGOSHIMA	4	-	52	-	-	-	-	-
TOTAL	251	0	3756	13	0	0	0	0
RATE								
Current	17.9	0.0	12.8	0.04	0.0	0.0	0.0	0.0
Previous	17.0	0.0			0.0	0.0		

Rates per 100,000 annum

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS				JAP. B. ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative		Current		Cumulative	
	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)	(C)	(D)
HOKKAIDO	8	-	143	5	6	5	231	66	-	-	-	-
AOMORI	-	-	8	1	3	-	56	8	-	-	-	-
IWATE	-	-	12	3	-	-	42	15	-	-	-	-
MIYAGI	1	-	25	-	2	-	66	8	-	-	-	-
AKITA	-	-	16	1	6	4	60	30	-	-	-	-
YAMAGATA	2	-	15	-	1	-	46	11	-	-	-	-
FUKUSHIMA	1	-	19	1	6	-	94	19	-	-	-	-
IBARAKI	8	-	25	1	4	3	132	45	-	-	-	-
TOCHIGI	1	-	12	-	-	-	14	7	-	-	-	-
GUMMA	4	-	18	-	1	-	26	6	-	-	-	-
SAITAMA	1	-	22	-	2	2	51	19	-	-	-	-
CHIBA	1	-	16	-	2	-	43	15	-	-	-	-
TOKYO	18	-	217	4	19	8	493	184	-	-	-	-
KANAGAWA	-	-	55	-	1	1	44	13	-	-	-	-
NIIGATA	-	-	5	-	1	-	35	6	-	-	-	-
TOYAMA	2	-	9	-	1	-	11	-	-	-	-	-
ISHIKAWA	-	-	4	1	3	-	33	8	-	-	-	-
FUKUI	-	-	3	-	-	-	7	3	-	-	-	-
YAMANASHI	-	-	14	-	-	1	24	2	-	-	-	-
NAGANO	5	-	31	1	-	-	31	4	-	-	-	-
GIFU	-	-	8	-	-	-	15	3	-	-	-	-
SHIZUOKA	22	-	96	-	4	-	68	15	-	-	-	-
AICHI	5	-	38	1	6	1	13	2	-	-	-	-
MIE	1	-	22	-	-	-	18	1	-	-	-	-
SHIGA	4	-	16	-	1	-	15	4	-	-	-	-
KYOTO	4	-	92	2	4	-	42	6	-	-	-	-
OSAKA	-	-	26	-	4	-	74	11	-	-	-	-
HYOGO	1	-	29	-	1	-	41	14	-	-	-	-
NARA	1	-	5	-	-	-	4	-	-	-	-	-
WAKAYAMA	-	-	6	-	-	-	5	3	-	-	-	-
TOTTORI	-	-	5	-	4	-	17	5	-	-	-	-
SHIMANE	-	-	20	-	2	-	6	2	-	-	-	-
OKAYAMA	-	-	13	-	-	-	5	2	-	-	-	-
HIROSHIMA	-	-	8	1	1	-	38	11	-	-	1	1
YAMAGUCHI	-	-	8	-	3	-	24	5	-	-	-	-
TOKUSHIMA	-	-	3	-	-	1	6	2	-	-	-	-
KAGAWA	-	-	9	2	1	-	11	2	-	-	-	-
EHIME	1	-	11	-	-	2	18	11	-	-	-	1
KOCHI	-	-	4	-	1	1	12	4	-	-	-	-
FUKUOKA	3	-	9	1	1	-	50	31	-	-	-	-
SAGA	-	-	1	-	1	-	10	4	-	-	-	-
NAGASAKI	-	-	10	-	-	-	17	9	-	-	-	-
KUMAMOTO	-	-	3	-	2	-	22	5	-	-	-	-
OITA	-	-	-	-	-	-	7	1	-	-	-	-
MIYAZAKI	-	-	6	-	-	-	6	-	-	-	-	-
KAGOSHIMA	-	-	2	-	2	-	25	7	-	-	-	-
TOTAL	94	0	1119	25	96	29	2108	629	0	0	1	2
RATE												
Current	6.7	0.0	3.8	0.1	6.8	2.1	7.2	2.1	0.0	0.0	0.003	0.01
Previous	8.8	0.1			9.1	3.5						

Cumulative cases and deaths include all reported, beginning with the week ending 4 January through the current week for all diseases.

Rates per 100,000 per annum

Plague: 0

PREFECTURE	MEASLES		WHOOPING COUGH		TUBERCULOSIS	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	648		233		945	
AOMORI	33		56		120	
IWATE	58		78		30	
MIYAGI	229		176		-	
AKITA	50		28		134	
YAMAGATA	59		33		139	
FUKUSHIMA	424		90		210	
IBARAKI	253		160		158	
TOCHIGI	312		113		180	
GUMMA	327		159		391	
SAITAMA	201		55		175	
CHIBA	96		120		88	
TOKYO	415		413		837	
KANAGAWA	396		211		286	
NIIGATA	36		18		157	
TOYAMA	401		63		260	
ISHIKAWA	NR		NR		NR	
FUKUI	177		174		193	
YAMANASHI	117		50		70	
NAGANO	337		125		315	
GIFU	102		69		148	
SHIZUOKA	344		228		154	
AICHI	589		212		334	
MIE	169		134		57	
SHIGA	211		52		73	
KYOTO	514		268		601	
OSAKA	NR		NR		NR	
HYOGO	739		280		352	
NARA	83		87		164	
WAKAYAMA	12		16		60	
TOTTORI	72		26		118	
SHIMANE	383		70		226	
OKAYAMA	NR		NR		NR	
HIROSHIMA	183		419		446	
YAMAGUCHI	108		14		142	
TOKUSHIMA	117		234		210	
KAGAWA	66		80		100	
EHIME	307		264		260	
KOCHI	39		47		109	
FUKUOKA	594		331		508	
SAGA	92		40		99	
NAGASAKI	NR		NR		NR	
KUMAMOTO	123		72		81	
OITA	192		83		179	
MIYAZAKI	46		99		67	
KAGOSHIMA	110		103		118	
			DEATHS NOT AVAILABLE			
TOTAL	9764		5583		9294	
RATE						
Current	696.4		398.2		662,8	
Previous	611.2		345.5		613.4	

Rates per 100,000 per annum

Weekly Report - 24 May 1947
Continued

PREFECTURE	PNEUMONIA Cases	INFLUENZA Cases
HOKKAIDO	643	39
AOMORI	107	3
IWATE	134	19
MIYAGI	237	2
AKITA	77	-
YAMAGATA	109	5
FUKUSHIMA	257	35
IBARAKI	98	-
TOCHIGI	213	-
GUMMA	271	17
SAITAMA	124	1
CHIBA	48	1
TOKYO	273	29
KANAGAWA	210	2
NIIGATA	102	5
TOYAMA	120	-
ISHIKAWA	NR	NR
FUKUI	97	12
YAMANASHI	579	-
NAGANO	260	7
GIFU	97	-
SHIZUOKA	177	-
AICHI	203	-
MIE	110	-
SHIGA	42	1
KYOTO	215	-
OSAKA	NR	NR
HYOGO	226	-
NARA	95	3
WAKAYAMA	25	4
TOTTORI	47	1
SHIMANE	103	8
OKAYAMA	NR	NR
HIROSHIMA	204	9
YAMAGUCHI	91	-
TOKUSHIMA	198	17
KAGAWA	95	5
EHIME	142	24
KOCHI	52	-
FUKUOKA	222	8
SAGA	24	2
NAGASAKI	NR	NR
KUMAMOTO	54	-
OITA	99	-
MIYAZAKI	37	-
KAGOSHIMA	77	-
TOTAL	6594	259
RATE		
Current	470.3	18.5
Previous	416.9	23.3

Deaths not available
Rates per 100,000 per annum

WEEKLY SUMMARY REPORT
OF
VENEREAL DISEASES IN JAPAN

WEEK ENDING 24 MAY 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID (C)	CHANCROID (T)	GONORRHEA (C)	GONORRHEA (T)	SYPHILIS (C)	SYPHILIS (T)
HOKKAIDO	24	563	139	3250	246	1729
AOMORI	18	131	109	763	31	519
IWATE	1	68	19	361	34	600
MIYAGI	3	139	51	1111	31	763
AKITA	4	110	23	717	25	520
YAMAGATA	10	87	37	670	36	714
FUKUSHIMA	8	166	92	1304	76	1036
IBARAKI	10	302	47	1046	45	1138
TOCHIGI	3	194	74	1392	62	1108
GUMMA	5	115	37	731	41	864
SAITAMA	17	426	65	1490	47	1099
CHIBA	5	344	65	1463	39	971
TOKYO	32	819	211	2737	143	1917
KANAGAWA	31	568	300	4496	160	2077
NIIGATA	NR	169	NR	1046	NR	862
TOYAMA	13	191	79	1124	70	872
ISHIKAWA	17	279	111	1511	63	989
FUKUI	6	189	20	530	12	380
YAMANASHI	1	52	35	603	19	219
NAGANO	8	155	28	1466	102	1072
GIFU	17	324	72	1441	27	624
SHIZUOKA	14	280	117	1351	82	1397
AICHI	56	1548	188	5854	189	3090
MIE	20	572	43	1007	45	915
SHIGA	23	431	63	703	52	590
KYOTO	55	778	150	2939	115	1430
OSAKA	112	2051	541	7387	378	6260
HYOGO	42	755	197	3100	330	3300
NARA	13	187	22	292	21	260
WAKAYAMA	22	449	78	1286	40	721
TOTTORI	12	164	72	1317	36	696
SHIMANE	1	96	25	721	30	703
OKAYAMA	36	627	96	2029	78	1205
HIROSHIMA	32	454	194	2987	121	1460
YAMAGUCHI	19	141	175	1327	96	833
TOKUSHIMA	4	49	32	445	14	485
KAGAWA	12	285	61	1022	14	566
EHIME	6	126	73	1272	48	1411
KOCHI	12	156	31	648	33	605
FUKUOKA	53	1191	206	4871	122	2680
SAGA	9	163	109	1519	41	855
NAGASAKI	16	286	124	2419	82	971
KUMAMOTO	8	147	123	1509	60	1001
OITA	31	399	23	1082	39	762
MIYAZAKI	2	41	69	678	26	447
KAGOSHIMA	4	77	79	912	197	595
TOTALS	847	16844	4505	77929	3598	53311
RATE						
Current	60.4	57.2	321.3	264.6	256.6	181.0
Previous	71.0		383.7		242.1	

Rates per 100,000 per annum